



Immunization Techniques Video Course

Instructor Evaluation

Instructors: Your comments are valuable to us. Please fax this evaluation back to us at (510) 540-2650 soon after you use this Immunization Techniques video in a presentation or course.

Instructor name: _____

Organization: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Phone: _____ Fax: _____

Please give us some information about the type of audience:

1. Type of audience: Most (over half) of the audience in attendance were:

- ☐ LVNs or LPNs ☐ RNs ☐ MDs ☐ Medical Assistants
☐ Pharmacists ☐ Students ☐ Other _____
☐ Combination with no clear majority

2. Attendance _____

3. Did you provide participants with:

- ☐ Pretest ☐ Skills Checklist ☐ Site Maps ☐ Post Test/Evaluation
☐ Other materials _____

4. On a scale of 1 to 4 with 4 being highest, most or best, please rate the video and its use in your presentation, course, or curriculum:

	No	Some	Yes	To the Max!
Did you include the Skills Checklist as a handout in the video presentation?	1	2	3	4
Was the video geared toward the level of your audience?	1	2	3	4
Did you include a discussion after the video?	1	2	3	4
Did you use the pre-test and discuss correct answers?	1	2	3	4
Did you use the infant and toddler site maps as a handout?	1	2	3	4
Did you offer continuing education credits to licensed course participants?	1	2	3	4

5. What did you like best about the video contents?

6. What did you like least about the video contents?

7. What did your students or course participants seem to like best about the video?

Comments/Recommendations

**Please return this
evaluation to:**

California Department of Health Services
Immunization Branch, Information & Education Section
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Berkeley, CA 94704
FAX 510/540-2650